



# *COUNSELLING AND TESTING POLICY & STRATEGY*

---

***CYNTHIA NHLAPO: NATIONAL DEPT. OF HEALTH  
– HIV, AIDS & TB CLUSTER***

***USG MEETING: 14 FEBRUARY 2006***



# *THE C&T STRATEGIC PILLARS*

---

- ★ The C&T strategy was endorsed in 2003
- ★ C&T Policy is currently in the process of being finalised (4<sup>th</sup> draft)
- ★ Guidelines available to guide implementation:
  - Pre/ post/ongoing counselling
  - Couple counselling
  - How to establish VCT services



# *THE C&T STRATEGIC PILLARS*

---

- ★ Guidelines still to be developed:
  - Mentorship for counsellors
  - Treatment adherence counselling guidelines





# CONCEPTUAL FRAMEWORK

---

## CURRENT GOAL:

- Universal access to VCT services through a public health and non-governmental sector partnership to an adult population *between ages 15 – 49 years*, targeting the “worried well” i.e. women, men and youth to facilitate behavior change and HIV prevention, *and access to treatment, care and support.*

“NEED TO REVIEW TARGET AND FOCUS”!!



# *CONCEPTUAL FRAMEWORK*

---

★ Urgent need for a paradigm shift:

➤ “VCT” vs. “C&T”

➤ Entry point



# *CONCEPTUAL FRAMEWORK*

---

C&T is an entry point to Prevention and Care, *Treatment & Support*:

- **Prevention:** PMTCT, TB, STI, FP & the “worried well”
- **Care:** Treatment, management, care and support, HCBC, Support groups.



# *DESIGN OF C&T SERVICE DELIVERY*

---

## **TARGET:**

- Public sector – Universal access
- Private Sector – Quality of service delivery
- NGO Partnership ( minimum: 2 per Province)
- *Other Government Dept. implementing C&T???*



# *DESIGN OF C&T SERVICE DELIVERY*

---

## **BENEFICIARIES:**

- Women: ANC, STI, FPC and
- All patients accessing PHC services
- Youth: youth and recreation centers, youth friendly clinics
- Men: Unions, mines, hostels, trucking industry and through traditional leaders
- Rural communities: Outreach & mobiles
- *Captured audiences such as offenders, military!!*





# *DESIGN OF C&T SERVICE DELIVERY*

---

## **ACCESS:**

- Universal – All public health clinics and hospitals.
- Partnership with private sector
- Partnership with NGOs.
- *Other Government Departments??*



# *TYPES OF C&T SERVICE DELIVERY POINTS*

---

- ★ Integrated C&T services
  - ★ Stand Alone (Free Standing) “New Start”
  - ★ NGO service points
  - ★ Private sector service points
  - ★ Mobile/ outreach services
- \*\*\*STRONG REFERRAL SYSTEM TO  
BE DEVELOPED!!!**



# *TYPES OF C&T SERVICE DELIVERY POINTS AND SPECIFIC TARGETS*

---

## ★ **Integrated C&T services**

- All public health facilities offering a variety of other health related services

## ★ **Stand Alone/ Free Standing e.g. “New Start”**

- Centers whose co-function is the provision of prevention VCT



# *TYPES OF C&T SERVICE DELIVERY POINTS AND SPECIFIC TARGETS*

---

## ★ **NGO service points**

- Non governmental organisations already involved in HIV and AIDS activities

## ★ **Private sector service points**

- Companies and institutions whose co-function is not health ( wellness clinics)

## ★ **Mobile/ outreach services**

- Mobile clinics to reach rural communities



# *MODELS OF COUNSELLING AND TESTING*

---



- ★ Diagnostic counselling and testing
- ★ Routine offer of counselling and testing
- ★ Voluntary Counselling and Testing
- ★ Mandatory counselling and testing
- ★ Counselling and testing for children



# *DESIGN OF VCT SERVICE DELIVERY*

---



## **UPTAKE:**

- Involve Health Promotion during key events
- Link up with Communications unit – Red Ribbon Center to access IEC materials
- Provide/ use IEC material
- Campaigns.





# *BASIC REQUIREMENTS FOR ETHICAL & BENEFICIAL SERVICES*

---



- ★ The “Voluntarism” is embedded in all the models
- ★ Counselling must always precede and follow HIV testing
- ★ Informed consent must be obtained from all clients. Written consent is highly recommended
- ★ Confidentiality must always be maintained



# *BASIC REQUIREMENTS FOR ETHICAL & BENEFICIAL SERVICES*

---



- ★ C&T services to be provided within the SA Legal and Human Rights framework to prevent stigma and discrimination
- ★ Quality Assurance norms and standards to be maintained





# *PRINCIPLES OF THE C&T PROGRAMME*

---

- ★ Services must be responsive to client and community needs
- ★ C&T services must be appropriate and sensitive to clients' culture, language, gender, sexual orientation and age
- ★ Protocols and guidelines to be adhered to to ensure quality of service provision



# *Monitoring and Evaluation*

---

- ❖ To measure success of the C&T programme, 3 key indicators were developed @ National level:
  - ✓ Number of people pre test counselled
  - ✓ Number of people tested
  - ✓ Number of people tested HIV positive



# *OBJECTIVES OF THE C&T TECHNICAL MEETING (1)*

---



★ To share progress on scaling up counselling and testing services in view of the implementation of the ART Programme



★ To discuss new approaches to the provision of counselling and testing services





# *OBJECTIVES OF THE C&T TECHNICAL MEETING (2)*

---



- ★ To share and discuss the role of the different models of counselling and testing in scaling up counselling and testing services
- ★ To discuss ideas around strengthening local mobilisation regarding the different models



# *OBJECTIVES OF THE C&T TECHNICAL MEETING (3)*

---



★ To discuss health system's requirements to ensure the provision of quality counselling and testing services



★ To develop concrete strategies to increase uptake of C&T services



★ To discuss strategies to increase access to C&T services



# *OUTCOMES OF THE MEETING*

---

## ★ Recommendations on strategies to:

- Implement other models of C&T in the public sector
- Reaching other sectors of the population (e.g. and people with disabilities) with C&T services
- Integrating the HIV & AIDS Communications strategy with the C&T programme @ all levels of the health sector



# *OUTCOMES OF THE MEETING*

---

- Recommendations on what is needed in a medical setting to provide quality C&T services i.e. health systems requirements
- Resource needs in the implementation of the different models of C&T in the public health sector ( counselling, space, human resources etc.)
- Improving quality of C&T in the public sector





# *KEY ISSUES FOR CONSIDERATION*

---

- ★ Quality of counselling and testing services
  - Counselling
  - Testing
  - Mentorship
- ★ Improvement of access to services
- ★ Uptake of the counselling and testing services.
- ★ Monitoring and Evaluation
- ★ Couples Counselling and Testing
- ★ Treatment adherence counselling